

**STATE OF VERMONT**

**SUPERIOR COURT**

**DIVISION**

**Unit**

**Case No.** \_\_\_\_\_

Case Name

**NOTICE OF COURT DECISION ON APPLICATION  
TO WAIVE REDUCE COSTS AND FEES**

☐ The Application is **DENIED**

The gross income of the applicant is greater than 150% of the poverty line, AND the applicant does not receive public assistance. The applicant is able to pay the filing fee and costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

**YOU MUST PAY \$\_\_\_\_\_ TO THE COURT CLERK WITHIN 30 DAYS OR THE CASE WILL BE DISMISSED.**

☒ The Application is **GRANTED**

☒ Applicant receives public assistance OR

☐ The gross income of the applicant is at or below 150% of the poverty income guidelines. OR

☐ Applicant is unable to pay the entire filing fee or costs of service without expending income or liquid resources necessary for the maintenance of the applicant and all dependents.

**THE FILING FEES AND COSTS OF SERVICE ARE WAIVED.**

Date 9/5/24

Analy Drake  
Signature Judicial Assistant

**Notice of Right to Appeal**

You have the right to appeal this order to the Judge of this Court. Your appeal must be filed in writing with the Clerk of this Court within 7 days of the date of this Order.